

Practice Tips

Christopher Childs, MD, CCFP

.....

Repair of lacerated earlobes

Some people think it fashionable to place sleepers or earrings in the earlobes of very young children. Unfortunately it is all too easy for a child to catch these devices in a blanket, a piece of clothing, or even a dog's mouth, pull back quickly and tear the earlobe. Frequently the patient does not come into the office until weeks after the incident. Often, therefore, we see children with healed V-shaped lacerations in their earlobes.

Repair of such lacerations is easy and can be done in any adequately equipped doctor's office. This is the technique I have used successfully over the years.

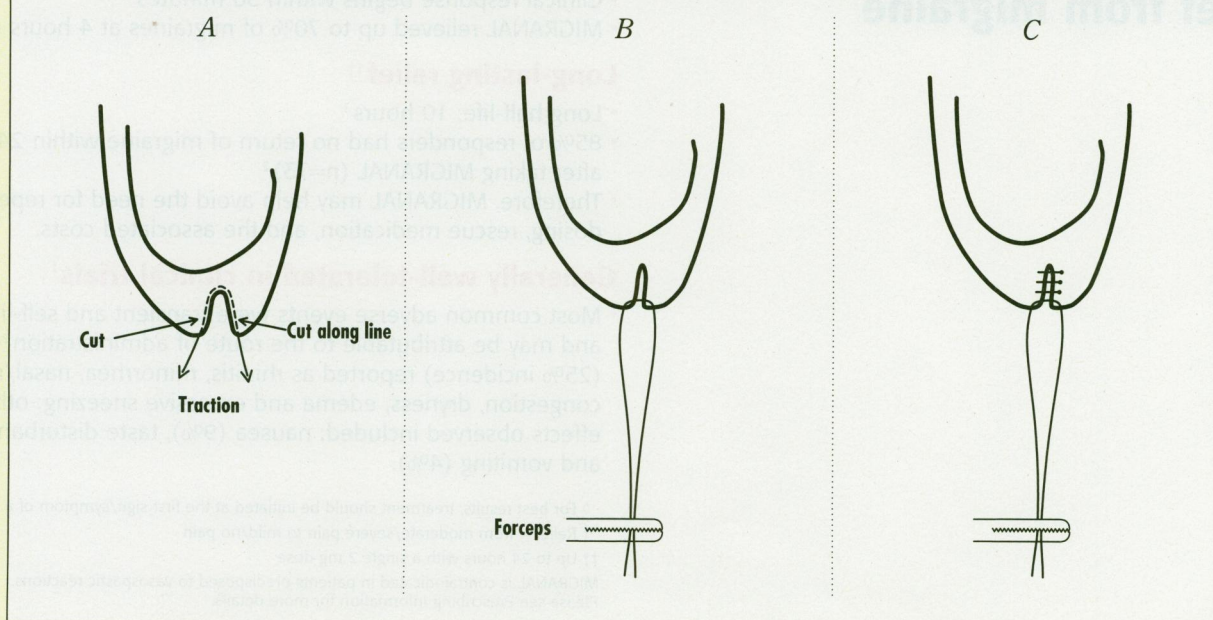
- Infiltrate the earlobe with 1% xylocaine containing epinephrine.
- Using a small pair of toothed forceps to stabilize the

inferior corners of the torn lobe, excise the scar tissue with a scalpel (**Figure 1A**).

- Place a 6-0 monofilament suture through the inferior corners of the wound. Do not tie but hold the suture with an artery forceps (**Figure 1B**). This suture must be placed accurately to ensure good apposition of the skin edges and a smooth contour of the lobe.
- Using the previously placed suture to stabilize the lobe, place two or three more sutures on the lateral and medial aspects of the wound (**Figure 1C**).
- Tie the stabilizing suture.

This technique seems to leave minimal scarring of the earlobe but, if care is not taken with the first suture, a "step" deformity of the lobe sometimes results. ♦

Figure 1. Repairing lacerated earlobes



Dr Childs practises family medicine in Bedford, N.S.